POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	PCT/IB03/04631 / 10/532,378		
Filing Date	October 21, 2003		
First Named Inventor	Viktor Vladimirov Kassovski		
Title	SIGNALLING MEANS FOR SENSO ARRAYS		
Art Unit	Unassigned		
Examiner Name	Unassigned		
Attorney Docket Number	016998-003800US		

I hereby revoke all previous po	wers of attorney giver	n in the above	identified application.		
I hereby appoint:	Г			7	
Practitioners associated with Number:	n the Customer		20350		
OR	_				
Practitioner(s) named below:					
'	Name		Registration Number		
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.					
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number:					
OR					
The address associated with Customer Number:					
OR					
Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Fax			
I am the:					
Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).					
SIGNATURE of Applicant or Assignee of Record					
Signature			Date	X 8-5-2006	
Name Rushi DE WINTER Telephone X Title and Company CRO MELEXIS					
Title and Company CEO MELEXIS					
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
*Total of forms are submitted.					